

REQUEST FOR HEARING

If you object to offset against your Federal salary for the debt(s) described in the attached notice, you can use this form to request a hearing. Your request must be in writing and mailed or delivered to the Federal Salary Offset ("FSO") Unit address at the bottom of this form. If you agree that you owe the debt, but you wish to avoid offset by entering into a repayment agreement under which you make monthly payments of 15% of your disposable pay, **DO NOT USE THIS FORM**. Instead, write to the FSO Unit address at the bottom of this form and enclose a copy of your two most recent pay stubs.

NOTE: You should request and review copies of the records evidencing your debt before you complete this REQUEST FOR HEARING form. See the enclosed NOTICE OF PROPOSED FEDERAL SALARY OFFSET for instructions on how to request these records.

Name: _____ SSN: _____

Home Address: _____

E-mail Address: _____

Telephone: _____

Employer: _____

Address: _____

Telephone: _____

Beginning Date of Current Employment: _____

I. HEARING REQUEST (Check **ONLY ONE** of the following)

() I want a written records hearing of my objection(s) based on the Hearing Official's review of this written statement, the documents I have enclosed, and the records in my debt file at the Department.

() I want an oral hearing with a Hearing Official to present my objection(s). You must provide a daytime telephone number at which you can be contacted between the hours of 8:00 am and 4:00 pm (Eastern Time), Monday through Friday. I can be reached at (____) ____-____.

II. CHECK THE OBJECTIONS THAT APPLY. ENCLOSE the documents and/or discharge applications described. You can download discharge applications from the Department's website at: <http://www.ed.gov/offices/OSFAP/DCS/forms.html>, or request them by calling the FSO Unit at (312) 730-1477 (select Option 2). If you do not enclose documents, the Hearing Official will consider your objection(s) based on the information on this form and records held by the Department).

1. () **CHECK HERE if you believe that offset against pay owed to you by a Federal agency in amounts equal to 15% of your disposable pay would cause financial hardship to you and your dependents.** You must complete and return the enclosed FINANCIAL DISCLOSURE STATEMENT to present your hardship claim, together with copies of the required documentation, as explained in the Statement. **You should also check any other objections you have to offset of your Federal salary to collect this debt.**

2. () I am no longer a Federal or military employee. **ENCLOSE** a statement from your prior employer showing your separation date.
3. () I do not owe the full amount shown because I repaid some or all of this debt. **ENCLOSE** copies of the front and back of all checks, money orders and receipts for payments made on the debt.
4. () I am making payments on this debt as required under the repayment agreement I reached with the holder of the debt. **ENCLOSE** copies of the repayment agreement and copies of the front and back of checks.
5. () I filed for bankruptcy and my case is still open. **ENCLOSE** copies of any court documents showing the name of the court and the case number.
6. () This debt was discharged in bankruptcy. **ENCLOSE** copies of debt discharge order and the schedule of debts filed with the court.
7. () I am totally and permanently disabled - unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death. **ENCLOSE** a completed Total and Permanent Disability discharge application. (For loans only.)
8. () This is not my Social Security Number, and I do not owe this debt. **ENCLOSE** a copy of your Driver's License or other identification issued by a Federal, state or local government agency, and a copy of your Social Security Card.
9. () I believe that this debt is not an enforceable debt in the amount stated for the reason explained in the attached letter. [Attach a letter explaining any reason (for example, the loan was obtained by another person through the crime of theft of your identity, or any other reason not listed herein) for your objection to collection of this debt amount by offset of your Federal salary. Be as specific as possible. **ENCLOSE** any documents that support your reasons.]
10. () I used this loan to enroll in _____ (school) on or about ____/____/____, and I withdrew from school on or about ____/____/____. I paid the school \$_____ and I believe that I am owed, but have not been paid, a refund from the school of \$_____. **ENCLOSE** a completed Unpaid Refund discharge application (enclose any records you have showing your withdrawal date).
11. () I used this loan to enroll in _____ (school) on or about ____/____/____, and I was unable to complete my education because the school closed. **ENCLOSE** a completed School Closure discharge application (enclose any records you have showing the school closing date).
12. () I did not have a high school diploma or GED when I enrolled at _____ (school) with this guaranteed student loan. The school improperly determined my ability to benefit from the training offered. **ENCLOSE** a completed False Certification of Ability to Benefit discharge application.
13. () When I borrowed this guaranteed student loan to attend _____ (school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting State requirements for performing the occupation for which it trained me. **ENCLOSE** a completed False Certification (Disqualifying Status) discharge application.
14. () I believe that _____ (school) without my permission signed my name on the loan application, promissory note, loan check or electronic funds transfer (EFT) authorization. **ENCLOSE** a completed Unauthorized Signature/Unauthorized Payment discharge application.
15. () The borrower (or student in the case of a PLUS loan) has died. **ENCLOSE** the original; certified copy; or a clear, accurate, and complete photocopy of the original or certified Death Certificate.

[Parent borrowers should answer 10 – 14 about the student.]

III. IF YOU WANT AN ORAL HEARING, YOU MUST COMPLETE THE FOLLOWING:

The records and documents I submitted to support my statement in Part II, do not show all the material (important) facts about my objection to collection of this debt. I need an oral hearing to explain the following important facts about this debt. (**EXPLAIN** the additional facts that you believe make an oral hearing necessary on a separate sheet of paper. If you have already fully described these facts in your response in Part II, **WRITE HERE** the number of the objection in which you described these facts: _____ .)

If your request for an oral hearing is granted, you will be notified of the date, time, and location of your hearing. If your request for an oral hearing is denied, an official independent of the Department will make a determination based on information and documents you supply with this form and records held in your debt file.

Note: If you do not request an oral hearing, a review of your objection will be based on information and documents you supply with this form and on records in your debt file. An oral hearing will be provided to a borrower who requests an oral hearing and shows in the request for the hearing good reason to believe that the issues in the dispute cannot be resolved by reviewing the documentary evidence, for example, when the validity of the claim rests on the issue of credibility or veracity.

IV. I state under penalty of law that the answers and statements contained herein are, to the best of my knowledge, true, correct and complete.

SIGNATURE: _____ DATE: _____

SEND THIS REQUEST FOR HEARING FORM, TOGETHER WITH THE APPROPRIATE DOCUMENTS, TO:

**U.S. Department of Education
Attn: FSO Unit
P.O. Box 617548
Chicago, Illinois 60661-7548**

This is an attempt to collect a debt and any information obtained will be used for that purpose.